

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Baxter Healthcare Corporation Political Action Committee

ADDRESS (number and street) ▼

901 15th Street, NW

Suite 500

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00117838

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☒ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

01

2016

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Joseph Schwan

Signature of Treasurer

Mr. Joseph Schwan

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

07

05

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
06 01 2016 To: M M / D D / Y Y Y Y Y Y
06 30 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		43947.86
(b) Cash on Hand at Beginning of Reporting Period.....	29193.25	
(c) Total Receipts (from Line 19)	11279.40	47596.56
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	40472.65	91544.42
7. Total Disbursements (from Line 31)	27500.00	78571.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	12972.65	12972.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Baxter Healthcare Corporation Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	8871.80	22716.24
(ii) Unitemized	2407.60	24880.32
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	11279.40	47596.56
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11279.40	47596.56
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	11279.40	47596.56
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11279.40	47596.56

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	71.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	71.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	27500.00	78000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	27500.00	78571.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	27500.00	78571.77

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11279.40	47596.56
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11279.40	47596.56
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	71.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	71.77

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jose E. Almeida

Mailing Address 580 E Woodland Rd

City State Zip Code
 Lake Forest IL 60045-1445

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter International Inc. Chairman, President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 15 / 2016

Transaction ID : 338BE10413354EB4A408

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Regina Atkins

Mailing Address 2133 Silver Linden Ln

City State Zip Code
 Buffalo Grove IL 60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.14

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-4

Amount of Each Receipt this Period

22.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Regina Atkins

Mailing Address 2133 Silver Linden Ln

City State Zip Code
 Buffalo Grove IL 60089-6631

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Baxter Healthcare Corporation Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.14

Date of Receipt

M M / D D / Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-4

Amount of Each Receipt this Period

22.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

5044.60

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-10

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Michael J Baughman

Mailing Address 5343 N Lakewood Ave

City State Zip Code
 Chicago IL 60640-2208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-10

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. William Kevin Beckham

Mailing Address 1224 Grace Ln

City State Zip Code
 Mountain Home AR 72653-5604

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-12

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

220.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. William Kevin Beckham

Mailing Address 1224 Grace Ln

City	State	Zip Code
Mountain Home	AR	72653-5604

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 20160623122248-12

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City	State	Zip Code
Weston	FL	33332-1834

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.45

Date of Receipt

MM / DD / YYYY
06 / 03 / 2016

Transaction ID : 20160608122246-17

Amount of Each Receipt this Period

57.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Edwin A Betancourt

Mailing Address 2704 Oakmont Ct

City	State	Zip Code
Weston	FL	33332-1834

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Export Corporation

Occupation

VP, Ops - MP LA Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

735.45

Date of Receipt

MM / DD / YYYY
06 / 17 / 2016

Transaction ID : 20160623122248-17

Amount of Each Receipt this Period

57.09

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.18

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Dir, Program Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-18

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Simon Bhasin

Mailing Address 5172 Ohio St

City

Yorba Linda

State

CA

Zip Code

92886-4115

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr. Dir, Program Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-18

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Paulo Bolgar

Mailing Address PO Box 747

BAXTER EXPAT ADMIN

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Away on Assignment

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-21

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Paulo Bolgar

Mailing Address PO Box 747

BAXTER EXPAT ADMIN

City

Deerfield

State

IL

Zip Code

60015-0747

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter World Trade Corporation

Occupation

Away on Assignment

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-21

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Linda K Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-22

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Linda K Boltz

Mailing Address 315 Park Dr

City

Palatine

State

IL

Zip Code

60067-7732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-22

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jil Boskovich

Mailing Address 8 Hastings

City State Zip Code
 Laguna Niguel CA 92677-2937

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Nutrition Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-25

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jil Boskovich

Mailing Address 8 Hastings

City State Zip Code
 Laguna Niguel CA 92677-2937

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Nutrition Specialist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-25

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Gregg Boyer

Mailing Address 242 W Waltann Ln

City State Zip Code
 Phoenix AZ 85023-3666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, Sales - National Accounts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-26

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jan M Brase

Mailing Address 15 Manitoba Woods Ln

City State Zip Code
 Spencerport NY 14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-27

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Jan M Brase

Mailing Address 15 Manitoba Woods Ln

City State Zip Code
 Spencerport NY 14559-2405

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-27

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Laureen Marie Cassidy

Mailing Address 1721 Dewes St

City

Glenview

State

IL

Zip Code

60025-4301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

VP, Corporate Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-40

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Coin

Mailing Address 1006 S St NW

City

Washington

State

DC

Zip Code

20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.65

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-45

Amount of Each Receipt this Period

49.89

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Mark Coin

Mailing Address 1006 S St NW

City

Washington

State

DC

Zip Code

20001-5073

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Director, Public and Reimburse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

637.65

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-44

Amount of Each Receipt this Period

49.89

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

124.78

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.69

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-50

Amount of Each Receipt this Period

60.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Margarita Cruz-casse

Mailing Address 153 Calle Violeta

City

San Juan

State

PR

Zip Code

00927-6208

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter

Occupation

Dir, Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

777.69

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-49

Amount of Each Receipt this Period

60.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Salvatore S Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-52

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.90

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Salvatore S Dadouche

Mailing Address 868 Interlaken Dr

City

Lake Zurich

State

IL

Zip Code

60047-1338

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Comp, Benefits & HR Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-51

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathryn T Edinger

Mailing Address 1122 N Clark St
Apt 3810

City

Chicago

State

IL

Zip Code

60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director, ICNet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.11

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-65

Amount of Each Receipt this Period

19.03

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Kathryn T Edinger

Mailing Address 1122 N Clark St
Apt 3810

City

Chicago

State

IL

Zip Code

60610-2898

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director, ICNet

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

245.11

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-64

Amount of Each Receipt this Period

19.03

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

58.06

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Denise Marie Ehnen

Mailing Address 8871 Little Creek Dr

City

Roseville

State

CA

Zip Code

95661-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-67

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Denise Marie Ehnen

Mailing Address 8871 Little Creek Dr

City

Roseville

State

CA

Zip Code

95661-5966

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-66

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Peter Etienne

Mailing Address 189 Lions Ct

City

Lake Zurich

State

IL

Zip Code

60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-70

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter Etienne

Mailing Address 189 Lions Ct

City State Zip Code
 Lake Zurich IL 60047-7012

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-69

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
 Libertyville IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.42

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-83

Amount of Each Receipt this Period

94.66

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Valery E Gallagher

Mailing Address 14334 Spring Meadow Ct

City State Zip Code
 Libertyville IL 60048-2490

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, State Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1219.42

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-82

Amount of Each Receipt this Period

94.66

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

214.32

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-84

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Cynthia L Gallien

Mailing Address 3005 S Forrester St

City

Bloomington

State

IN

Zip Code

47401-4494

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Business HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-83

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City

Marietta

State

GA

Zip Code

30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.60

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-87

Amount of Each Receipt this Period

64.94

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

104.94

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur J Gibson

Mailing Address 3775 Riverly Trce

City State Zip Code
 Marietta GA 30067-4241

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Environ, Health & Safety

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.60

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-86

Amount of Each Receipt this Period

64.94

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-102

Amount of Each Receipt this Period

62.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Laurie R Hernandez

Mailing Address 1340 Crest Rd

City State Zip Code
 Libertyville IL 60048-1515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Strategy & Integration

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

808.63

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-100

Amount of Each Receipt this Period

62.77

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.48

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 20 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Richard W Hotzfeld

Mailing Address 1711 Charity Dr

City

Brentwood

State

TN

Zip Code

37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-104

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Richard W Hotzfeld

Mailing Address 1711 Charity Dr

City

Brentwood

State

TN

Zip Code

37027-8655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Nat'l Accts-GPO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-102

Amount of Each Receipt this Period

15.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Robert A Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-111

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

55.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Robert A Johnson

Mailing Address 31385 W Somerset Cir

City

Libertyville

State

IL

Zip Code

60048-4886

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Ops - MP US/Canada Area

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-109

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Andrew W Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-115

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Andrew W Kamai

Mailing Address 1520 Greystone Dr

City

Gurnee

State

IL

Zip Code

60031-9128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Group Mgr, Marketing

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-113

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter J Karas

Mailing Address 415 E Hillside Ave

City

Barrington

State

IL

Zip Code

60010-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-116

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Peter J Karas

Mailing Address 415 E Hillside Ave

City

Barrington

State

IL

Zip Code

60010-4528

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Marketing

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-114

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Omar H Khalil

Mailing Address 821 Windsor Rd

City

Glenview

State

IL

Zip Code

60025-3128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary
☐ Other (specify) ▼
☐ General

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-119

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 23 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Omar H Khalil

Mailing Address 821 Windsor Rd

City
GlenviewState
ILZip Code
60025-3128FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Sr Dir, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-117

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Timothy P LawrenceMailing Address 1175 Museum Blvd
Unit 210City
Vernon HillsState
ILZip Code
60061-3156FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-127

Amount of Each Receipt this Period

84.42

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Timothy P LawrenceMailing Address 1175 Museum Blvd
Unit 210City
Vernon HillsState
ILZip Code
60061-3156FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Mfg & SC - Med Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.54

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-125

Amount of Each Receipt this Period

84.42

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

193.84

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary F Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.75

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-129

Amount of Each Receipt this Period

17.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mary F Lemke

Mailing Address 3121 Renaissance Way NE

City State Zip Code
 Atlanta GA 30308-2463

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

National Sales Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

219.75

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-127

Amount of Each Receipt this Period

17.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kelli Lester

Mailing Address 3623 Stanford Cir

City State Zip Code
 Falls Church VA 22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-130

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kelli Lester

Mailing Address 3623 Stanford Cir

City

Falls Church

State

VA

Zip Code

22041-1316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Govt Affs & Alliance Dev

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

585.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-128

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Scott P Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-138

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott P Luce

Mailing Address 1311 Kristin Dr

City

Libertyville

State

IL

Zip Code

60048-1285

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

GM, US Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-136

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

85.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 26 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jack Maniko

Mailing Address 6625 Barnaby St NW

City	State	Zip Code
Washington	DC	20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-141

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jack Maniko

Mailing Address 6625 Barnaby St NW

City	State	Zip Code
Washington	DC	20015-2331

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-139

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Michael E Martin

Mailing Address 10680 Red Leaf Cir

City	State	Zip Code
Village Of Lakewood	IL	60014-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.14

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-142

Amount of Each Receipt this Period

23.30

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

93.30

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Michael E Martin

Mailing Address 10680 Red Leaf Cir

City

Village Of Lakewoo

State

IL

Zip Code

60014-4852

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, MPO Program Management

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.14

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-140

Amount of Each Receipt this Period

23.30

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2529.24

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-143

Amount of Each Receipt this Period

211.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeanne K Mason

Mailing Address 1760 Duffy Ln

City

Bannockburn

State

IL

Zip Code

60015-1512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, Human Resources

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2529.24

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-141

Amount of Each Receipt this Period

211.54

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

446.38

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 41
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-147

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Dana Mendenhall

Mailing Address 106 S Sangamon St
Apt 2S

City State Zip Code
Chicago IL 60607-2757

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-145

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Mark R Nail

Mailing Address 8217 Monterra Ranch Dr
Apt 1203

City State Zip Code
Fort Worth TX 76177-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-150

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

75.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark R Nail

Mailing Address 8217 Monterra Ranch Dr
Apt 1203

City State Zip Code
Fort Worth TX 76177-8529

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Renal Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-148

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Christopher John Nelson

Mailing Address 2578 E Beechnut Ct

City State Zip Code
Chandler AZ 85249-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.08

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-151

Amount of Each Receipt this Period

24.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Christopher John Nelson

Mailing Address 2578 E Beechnut Ct

City State Zip Code
Chandler AZ 85249-3514

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

RM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.08

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-149

Amount of Each Receipt this Period

24.04

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

73.08

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Crystal A Riley

Mailing Address 10210 Angora Dr

City	State	Zip Code
Cheltenham	MD	20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : 20160608122246-175

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Crystal A Riley

Mailing Address 10210 Angora Dr

City	State	Zip Code
Cheltenham	MD	20623-1068

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Manager, Healthcare Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2016

Transaction ID : 20160623122248-173

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bela Sastry

Mailing Address 9504 Tuba Ct

City	State	Zip Code
Vienna	VA	22182-1648

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Transaction ID : 20160608122246-184

Amount of Each Receipt this Period

84.62

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

134.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bela Sastry

Mailing Address 9504 Tuba Ct

City State Zip Code
 Vienna VA 22182-1648

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Fed Legislative Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.06

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-182

Amount of Each Receipt this Period

84.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric A Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-185

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric A Sato

Mailing Address 381 W Prairie Walk Ln

City State Zip Code
 Round Lake IL 60073-4255

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Sr Dir Mktg, Hospital Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-183

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

134.62

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. David P Scharf

Mailing Address 931 Oak St

City

Winnetka

State

IL

Zip Code

60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.33

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-188

Amount of Each Receipt this Period

130.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. David P Scharf

Mailing Address 931 Oak St

City

Winnetka

State

IL

Zip Code

60093-2440

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

CVP, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1692.33

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-186

Amount of Each Receipt this Period

130.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Jeffrey Allen Sexton

Mailing Address 19 Cochran View Dr

City

Marion

State

NC

Zip Code

28752-6014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Supt, Manufacturing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.34

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-193

Amount of Each Receipt this Period

15.64

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

277.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Lori E Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.09

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-198

Amount of Each Receipt this Period

29.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Lori E Sims

Mailing Address 66 Cooper Dr

City

Glastonbury

State

CT

Zip Code

06033-1020

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Mgr II, State Govt Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

380.09

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-196

Amount of Each Receipt this Period

29.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-199

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

79.14

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Catherine Ann Skala

Mailing Address 1014 Oakwood Ave

City

Wilmette

State

IL

Zip Code

60091-3322

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Integration

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-197

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Beverly B Smith

Mailing Address 869 Deep Woods Dr

City

Marion

State

NC

Zip Code

28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-200

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

c. Beverly B Smith

Mailing Address 869 Deep Woods Dr

City

Marion

State

NC

Zip Code

28752-8252

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

Dir, Manufacturing

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-198

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 35 OF 41

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Deborah G Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.34

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-201

Amount of Each Receipt this Period

19.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Deborah G Spak

Mailing Address 1555 Stratford Rd

City

Deerfield

State

IL

Zip Code

60015-2147

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter International Inc.

Occupation

Dir, Global Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.34

Date of Receipt

06 / 17 / 2016

Transaction ID : 20160623122248-199

Amount of Each Receipt this Period

19.12

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Ronald Allen Vitales

Mailing Address 11229 Ashley Ln

City

Fishers

State

IN

Zip Code

46038-1851

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

ASD, ApaTech Orthobiologics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 20160608122246-211

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

88.24

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Allen Vitales

Mailing Address 11229 Ashley Ln

City State Zip Code
 Fishers IN 46038-1851

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

ASD, ApaTech Orthobiologics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-209

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Eric C Walker

Mailing Address 1082 Lee Road 368

City State Zip Code
 Valley AL 36854-6532

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 03 / 2016

Transaction ID : 20160608122246-212

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Eric C Walker

Mailing Address 1082 Lee Road 368

City State Zip Code
 Valley AL 36854-6532

FEC ID number of contributing federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

AVP, MD IS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 17 / 2016

Transaction ID : 20160623122248-210

Amount of Each Receipt this Period

20.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 OF 41

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City State Zip Code
Amarillo TX 79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : 20160608122246-222

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ronald Kent Wilson

Mailing Address 8050 Little Fox Rd

City State Zip Code
Amarillo TX 79118-1129

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation Renal Account Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 17 / 2016

Transaction ID : 20160623122248-220

Amount of Each Receipt this Period

20.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City State Zip Code
Wadsworth IL 60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Baxter Healthcare Corporation VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 03 / 2016

Transaction ID : 20160608122246-223

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 38 OF 41

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Carl Wilt

Mailing Address 38465 N Burr Oak Ln

City	State	Zip Code
Wadsworth	IL	60083-9548

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, Finance-Hospital Products

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-221

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City	State	Zip Code
Lincolnshire	IL	60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	03	/	2016

Transaction ID : 20160608122246-226

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Kristie Zinselmeier

Mailing Address 41 Berkshire Ln

City	State	Zip Code
Lincolnshire	IL	60069-3303

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Healthcare Corporation

Occupation

VP, National & Strategic Accts

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	17	/	2016

Transaction ID : 20160623122248-224

Amount of Each Receipt this Period

25.00

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ►

75.00

TOTAL This Period (last page this line number only)..... ►

8871.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 39 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Boozman for Arkansas

Mailing Address PO Box 671

City	State	Zip Code
Rogers	AR	72757

Purpose of Disbursement
2016 General

011

Candidate Name

John Nichols BoozmanCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary
☒ General
☐ Other (specify) ▼

State: AR

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : 378A956EFFCC60236D4

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Congressional Black Caucus PAC

Mailing Address PO Box 75357

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
2016 Contribution

011

Candidate Name

Congressional Black Caucus PACCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary
☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : CA6E5785C67DF4F7EA3

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. DCCCMailing Address 430 South Capitol Street, SE
2nd Floor

City	State	Zip Code
Washington	DC	20003-4024

Purpose of Disbursement
2016 Contribution

011

Candidate Name

DCCCCategory/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2016

☐ Primary
☐ General
☒ Other (specify) ▼

State:

District:

Contribution

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : 30FE052DFC76E360BA5

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11000.00

--

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. New Democrat Coalition PACMailing Address 700 13th Street, NW
Suite 600

City Washington State DC Zip Code 20005

Purpose of Disbursement
2016 Contribution

Candidate Name

New Democrat Coalition PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : 1ED958E82E136BF9188

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. NRCC

Mailing Address 320 First Street SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
2016 Contribution

Candidate Name

NRCCOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : D1E077C313310DBF1A9

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. NRSC

Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement
2016 Contribution

Candidate Name

NRSCOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☐ General
☒ Other (specify) ☐ Contribution

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2016

Transaction ID : DA72A031A11BBE49D77

Amount of Each Disbursement this Period

5000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

15000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 41 OF 41

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Baxter Healthcare Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Tony Cardenas for Congress

Mailing Address 249 E. Ocean Blvd. Suite 685

City	State	Zip Code
Long Beach	CA	90802

Purpose of Disbursement
2016 General

011

Candidate Name

Tony CardenasCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 29

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2016

Transaction ID : 53205A46061355E3E2E

Amount of Each Disbursement this Period

1500.00

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1500.00

27500.00